

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024758

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6586

FILED JUL 12 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

45 yrs

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Homer G. Phillips

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Inside Limits

Yes ☒ No ☐

c. CITY

OR
TOWN

St. Louis

d. STREET

ADDRESS

3739 Aldine

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

GARRETT

Middle

Last

HOWARD

4. DATE

OF
DEATH

Month

Day

Year

6 30 62

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒Widowed ☐

8. DATE OF BIRTH

9. AGE (last birthday)

11-2-1888

73

IF UNDER 1 YEAR

Months Days

7 28

IF UNDER 24 HR

Hours Min.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Butcher (retired)

10b. KIND OF BUSINESS OR INDUSTRY

Swift Packing

11. BIRTHPLACE (City and state or country)

Aberdeen, Miss.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

William Howard

13b. MOTHER'S MAIDEN NAME

Lee Session

14. NAME OF HUSBAND OR WIFE

Florence Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Florence Howard 3739 Aldine

18. CAUSE OF DEATH (Enter only one cause per line

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN

ONSET AND DEATH

Unknown

DUE TO (b)

(Miles Abdominal
Operative Procedure Perineal Resection)

DUE TO (c)

Cancer of Rectum

154X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

6-4-62

to 6-30-62

and last saw him alive on

6-30-62

21. I attended the deceased from

8:40 P.

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE:

(Degree or title)

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

7-3-62

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Removal

23b. DATE

7-6-1962

23c. NAME OF CEMETERY OR CREMATORY

Washington Park

23d. LOCATION (City, town, or county)

St. Louis Co

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

JAS. H. RANDLE & SON 3133 Bell Ave.

25. DATE RECD. BY LOCAL REG.

JUL 3 1962

26. REGISTRAR'S SIGNATURE

Earl Smith: M.D.

USE BLACK INK
OR
TYPEWRITER-RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me;
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eather H. Harris

Licensed Embalmer No. 4458

P. O. Address 4181 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.